

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/402144</b>	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/		/				51					
2	/		/				52					
3	/		/				53					
4		3		/			54					
5		0		/			55					
6		0		/			56					
7		0		/			57					
8		0		/			58					
9		0		/			59					
10	/		/				60					
11	/		/				61					
12	/		/				62					
13		3		/			63					
14		3		/			64					
15		3		/			65					
16		0		/			66					
17		0		/			67					
18		0		/			68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	6		6				TOTAL IND.					
TOTAL DEP.	30		0				TOTAL DEP.					
TOTAL CLAIMS	36		6				TOTAL CLAIMS					